

UNITED STATES DISTRICT COURT

for the

District of Delaware

Civil Division

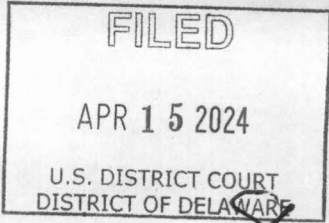
Case No. 24 - 483
(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

David Cotton
Plaintiff(s)
(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jennifer Shalk, et al., Defendants
Defendant(s)
(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)



COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name David Edward Cotton
 Address 2600 N. Washington Street
Wilmington Delaware 19802
City State Zip Code
 County New Castle County
 Telephone Number 302-722-3378
 E-Mail Address DavidCotton6@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name Jennifer Shalk
 Job or Title (if known) Chief Executive officer
 Address 575 S. Dupont Hwy.
New Castle Delaware 19720
City State Zip Code
 County New Castle County
 Telephone Number 888-915-1521
 E-Mail Address (if known) _____

☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name Doe 1 (housing officer name Doe)
 Job or Title (if known) housing staff
 Address 575 S. Dupont Hwy.
New Castle Delaware 19720
City State Zip Code
 County New Castle County
 Telephone Number 888-915-1521
 E-Mail Address (if known) _____

☒ Individual capacity ☐ Official capacity

Defendant No. 3

Name

Doc 2

Job or Title (if known)

housing staff

Address

575 S. Dupont Hwy

new castle

Delaware

19720

City

State

Zip Code

County

new castle County

Telephone Number

888-915-1521

E-Mail Address (if known)

☒ Individual capacity
 ☐ Official capacity

Defendant No. 4

Name

Job or Title (if known)

Address

City

State

Zip Code

County

Telephone Number

E-Mail Address (if known)

☐ Individual capacity
 ☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

~~the~~ the Fourteenth Amendment

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
- housing ~~off~~ staff (Doe 1) started calling me gay, fagit, and wanted me to fight him. Doe 1 started assaulting me on camera while Doe 2 joined in on the attack. They both dragged me off camera and assaulted me more. Doe 1 then denied my rights to grieve the matter by saying he is an ~~off~~ off duty cop and will have me arrested for threatening him.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

Meadowood Behavioral Health Hospital

- B. What date and approximate time did the events giving rise to your claim(s) occur?

~~1/21/2024~~ 1/21/2024 on D-West from 6:30pm to 7:30pm

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

The Plaintiff did not attack anyone! The Plaintiff was discriminated against and assaulted for being a open bisexual. It was "Doe 1" who attacked the Plaintiff first, then "Doe 2" joined in. The Plaintiff was then dragged off camera by "Doe 1" and "Doe 2", and then assaulted again off camera. The Plaintiff ~~coat~~ coat was ripped from being dragged. The Plaintiff suffered bruises to the face and cut marks on face and hands. The nurse only gave the Plaintiff ~~med~~ medicine to calm him down but never treated the Plaintiff injuries. "Doe 1" also Denied the Plaintiff a right to grievance the matter that Day.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

The plaintiff suffered cut marks to the face, bruises to the face, and cut marks on his hand. The plaintiff did not receive any medical treatment by meadowwood staff.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

The plaintiff would like the courts to award him punitive damages in the amount of \$50,000 from "Doe 1" and \$50,000 in punitive damages from "Doe 2" for violating the equal protection clause of the fourteenth amendment for discriminating and assaulting the plaintiff. The plaintiff would like the courts to award him punitive damages in the amount of \$250,000 from Jennifer Shalk because she is the CEO of meadowwood and allowed "Doe 1" and "Doe 2" to discriminate and assault the plaintiff and no action was taken against "Doe 1" and "Doe 2" by Jennifer Shalk and/or meadowwood staff.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 4/11/24

Signature of Plaintiff

David Cotton

Printed Name of Plaintiff

David Cotton

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address